

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/048013

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* * *		* * *		* * *	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3		2					53						
4		2					54						
5		2					55						
6		2					56						
7		2					57						
8		2					58						
9		2					59						
10		2					60						
11	1						61						
12		01					62						
13	+						63						
14		+					64						
15	+						65						
16	+						66						
17		4					67						
18		1					68						
19	1						69						
20		1					70						
21	1						71						
22		1					72						
23		2					73						
24		2					74						
25		2					75						
26		1					76						
27		1					77						
28		1					78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL	4						TOTAL						
IND.	4						IND.						
DEP.	3						DEP.						
TOTAL	7						TOTAL						
CLAIMS	7						CLAIMS						

BEST AVAILABLE COPY